

**Application Data Sheet**  
**Under 37 C.F.R. § 1.76**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: CONDENSER OPTIC WITH SACRIFICIAL  
REFLECTIVE SURFACE

Attorney Docket Number:: SAND-01120US0

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers:: DE-AC04-94AL85000

Secrecy Order in Parent Appl.?::

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Daniel  
**Middle Name::** A.  
**Family Name::** Tichenor  
**Name Suffix::**  
**City of Residence::** Castro Valley  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 11478 Cull Canyon Rd.  
**City of mailing address::** Castro Valley  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94552

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Glenn  
**Middle Name::** D.  
**Family Name::** Kubiak  
**Name Suffix::**  
**City of Residence::**  
**State or Province of Residence::**  
**Country of Residence::** US  
**Street of mailing address::**  
**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::** US

**Postal or Zip Code of mailing address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Sang

**Middle Name::** Hun

**Family Name::** Lee

**Name Suffix::**

**City of Residence::** Sunnyvale

**State or Province of Residence::** CA

**Country of Residence::** US

**Street of mailing address::** 1047 Bougainvillea Terrace

**City of mailing address::** Sunnyvale

**State or Province of mailing address::** CA

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 94086

## **Correspondence Information**

**Correspondence Customer Number ::** 23910

**Name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800

Fax Number: 415-362-2928

E-Mail address:: [chj@fdml.com](mailto:chj@fdml.com)

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)		

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::